

Visit/Assignment Request

CONTACT: _____ EXT. _____

PART I: PERSONAL DATA

1. Name of Visitor (Family, Given, Middle)			2. Visitor Number		3. Request Number		
4. Gender of Visitor M <input type="checkbox"/> F <input type="checkbox"/>		5. Place of Birth (City, Country)			6. Date of Birth (mm/dd/yy)		
7. Country of Citizenship			8. Passport Number		9. Expiration Date (mm/dd/yy)		
10. Immigrant Alien Yes <input type="checkbox"/> No <input type="checkbox"/>		11. Type of Visa	12. Expiration Date	13. Interpreter Needed Yes <input type="checkbox"/> No <input type="checkbox"/>	14. Work Phone Home Phone E-mail Fax		
15. Name of Current Employer			16. Place of Work (If different from 15)				
Street			Street				
City		State/Province		City		State/Province	
ZIP Code		Division		ZIP Code		Division	
Country			Country				
17. Title, position, or description of visitor's or assignee's duties							

PART IIA: VISIT/ASSIGNMENT REQUEST INFORMATION

18. Date of Request (mm/dd/yy)		19. This request is for: Visit <input type="checkbox"/> Assignment <input type="checkbox"/> Extension <input type="checkbox"/>		20. Visitor currently in US? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. For assignment only: Will you require an exchange visitor (J-1) visa? Yes <input type="checkbox"/> No <input type="checkbox"/>			22. For assignment only: Is the assignment for intermittent periods? Yes <input type="checkbox"/> No <input type="checkbox"/>		
23. Identify any specific international agreement					
24. Name of DOE Contact			25. DOE Contact Organization (Example: OS-62)		
26. DOE Contact Telephone Number		27. Name of Financial Sponsor		28. Cost (Sponsor other than DOE)	

PART IIB: VISIT/ASSIGNMENT FACILITY INFORMATION

29. Facility or organization to be visited/assigned Name: Argonne National Laboratory - East Location: 9700 S. Cass Ave., Argonne, IL 60439		Code AN	Security Y <input type="checkbox"/> N <input type="checkbox"/>	Sensitive Y <input type="checkbox"/> N <input type="checkbox"/>	Division	30. Desired Start/End Dates _____/_____ (mm/dd/yy) (mm/dd/yy)	
31. Name of the host responsible for the visit/assignment				32. Host's telephone number			
33. Building and room numbers							
34. Number of days on site		35. Programmatic visit/assignment? Yes <input type="checkbox"/> No <input type="checkbox"/>					
36. Subject Codes/Description							
37. Subjects to be discussed or statement of research in which you wish to be assigned Is this a sensitive subject? Yes <input type="checkbox"/> No <input type="checkbox"/>							

PART III: VISIT/ASSIGNMENT PROGRAM INFORMATION AND REMARKS

38. High level/protocol visit Yes <input type="checkbox"/> No <input type="checkbox"/>	39. Cost (DOE)	40. B&R Code	41. HDE Assoc. Director's Code/Description	42. Visit or assignment purpose code
43. Purpose and justification of visit/assignment, including benefits to DOE program(s)				
44. Name of requesting official or contractor			45. Title and organization of requesting officer	
46. Signature of requesting official or contractor			47. Date signed (mm/dd/yy)	
48. Name of local/headquarters approving official			49. Title and organization of local/headquarters approving official	
50. Signature of local/headquarters approving official			51. Date signed (mm/dd/yy)	
52. Remarks				

PART IV: VISIT/ASSIGNMENT FACILITY INFORMATION AND REMARKS

53. Kind of business or organization of assignee's employer (e.g., government, company, laboratory, university)
54. Education background (include university/college training and dates conferred)
55. Field of research

Family Member Information

Family Name	<input type="text"/>
Given Name	<input type="text"/>
Middle Name	<input type="text"/>
Place of Birth: City	<input type="text"/>
Place of Birth: Country	<input type="text"/>
Birth Date (MM/DD/YYYY)	<input type="text"/>
Relationship	<input type="text"/>
Citizenship	<input type="text"/>

Family Member Information

Family Name	<input type="text"/>
Given Name	<input type="text"/>
Middle Name	<input type="text"/>
Place of Birth: City	<input type="text"/>
Place of Birth: Country	<input type="text"/>
Birth Date (MM/DD/YYYY)	<input type="text"/>
Relationship	<input type="text"/>
Citizenship	<input type="text"/>